SUPPLEMENT 1 TO ATTACHMENT 4.19-B PAGE 1 OMB No.:0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | WASHINGTON |  |
|--------|------------|--|
|        |            |  |

# METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

#### Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment:

- 1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".
  - For Specific Medicare services that are not otherwise covered by this State Plan, the department uses Medicare payment rates unless a special rate or method is described on Page 3 in item 1 of this supplement.
- 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below and designated with the letters "MR".
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 item <u>1</u> of this supplement, for those groups and payments listed below and designated with the letters "NR".
- 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_ of this supplement.

TN# 03-019 Supersedes TN# 01-007

SUPPLEMENT 1 TO ATTACHMENT 4.19-B PAGE 2 OMB No.:0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE (cont.)

# Payment of Medicare Part A and Part B Deductible/Coinsurance

| QMBs:                             | Part A <u>N/R</u><br>Part B <u>N/R</u> | Deductibles<br>Deductibles | <u>N/R</u><br><u>N/R</u> | Coinsurance<br>Coinsurance |
|-----------------------------------|--|----------------------------|--------------------------|----------------------------|
| Other:<br>Medicaid<br>Recipients: | Part A <u>S/P</u><br>Part B <u>S/P</u> | Deductibles<br>Deductibles | <u>S/P</u><br><u>S/P</u> | Coinsurance<br>Coinsurance |
| Dual<br>Eligible<br>(QMB Plus):   | Part A <u>N/R</u><br>Part B <u>N/R</u> | Deductibles<br>Deductibles | <u>N/R</u><br><u>N/R</u> | Coinsurance<br>Coinsurance |

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SUPPLEMENT 1 TO ATTACHMENT 4.19-B PAGE 3 OMB No.:0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | WASHINGTON |  |
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE (cont.)

# Payment of Medicare Part A and Part B Deductible/Coinsurance

1. QMB/QMB Plus:

State Plan covered services—maximum payment for Medicare deductible and coinsurance is:

- a. The Medicare payment rate; or
- b. In situations where the rate payable under the State Plan exceeds the amount Medicare pays, but is less than the full Medicare-approved amount, payment is the difference between the amount Medicare pays and the rate Medicaid pays under the State Plan for a Medicaid Client not entitled to Medicare.

Services not covered by the Medicaid State Plan, but covered by Medicare—maximum payment is the Medicare deductible and coinsurance.

TN# 03-019 Supersedes TN# 01-007

### REVISION HCFA-PM-91-4 AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 4.19-B PAGE 4 OMB No.:0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | WASHINGTON |
|--------|------------|
|--------|------------|

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE (cont.)

#### Payment of Medicare Part C Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment:

- 1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".
  - For Specific Medicare services that are not otherwise covered by this State Plan, the department uses Medicare payment rates unless a special rate or method is described on Page 6 in item <u>1</u> of this supplement.
- 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below and designated with the letters "MR".
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 6 in item <u>1</u> of this supplement, for those groups and payments listed below and designated with the letters "NR".
- 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 6 in item \_\_ of this supplement.

TN# 03-019 Supersedes TN# 01-007

SUPPLEMENT 1 TO ATTACHMENT 4.19-B PAGE 5 OMB No.:0938-

Effective Date: 8/11/03

OF

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|                                   | State:                                | WASHINGTON                                |                |   |
|-----------------------------------|---------------------------------------|---|----------------|---|
| METHODS AND STAI<br>CARE (cont.)  | NDARDS FOR E                          | STABLISHING PAYME                         | NT RATE        | ES – OTHER TYPES                          |
| Paym                              | ent of Medicare                       | Part C Deductible/Coir                    | nsurance       | •   |
| QMBs:                             | Part A<br>Part B<br>Part C <u>N/R</u> | Deductibles<br>Deductibles<br>Deductibles | <br><u>N/R</u> | Coinsurance<br>Coinsurance<br>Coinsurance |
| Other:<br>Medicaid<br>Recipients: | Part A<br>Part B<br>Part C <u>S/P</u> | Deductibles<br>Deductibles<br>Deductibles | <br><u>S/P</u> | Coinsurance<br>Coinsurance<br>Coinsurance |
| Dual<br>Eligible<br>(QMB Plus):   | Part A<br>Part B<br>Part C <u>N/R</u> | Deductibles<br>Deductibles<br>Deductibles | <br><u>N/R</u> | Coinsurance<br>Coinsurance<br>Coinsurance |

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SUPPLEMENT 1 TO ATTACHMENT 4.19-B PAGE 6 OMB No.:0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | WASHINGTON |  |
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE (cont.)

# Payment of Medicare Part C Deductible/Coinsurance

- 1. For Qualified Medicare Beneficiaries (QMBs/QMB Plus) enrolled in Medicare Part C (Medicare Advantage) managed health care plans the department will pay the provider the lesser of:
  - a. The provider's billed charge for the deductible, coinsurance, and/or copays;
  - b. The difference between the Medicare plan's payment to the provider (for a service or services identified) and the maximum allowable payment rate under the Medicaid State Plan (for the same identified service or services); or
  - c. The Medicaid liability if the service had been rendered under Medicare Part A or Part B.

#### 2. Notes:

Medicare Part C claims for services covered by Medicaid that have been denied as "not medically necessary" or "experimental/investigational" by the Medicare HMO or the Medicare carrier are not eligible for Medicare Part C payment by Medicaid.

For Medicare providers under a capitation payment arrangement with the Medicare Part C Plan, the provider may submit the claim to the department based on the pre-determined cost sharing amounts (e.g., copayment amounts) set forth in the provider's agreement with the Medicare Part C Plan. This exception is only applicable for services that the Medicare Part C Plan includes in the capitation payment rate.

Providers submitting Medicare Part C crossover claims denoting compensation through a capitation arrangement with the Medicare Part C Plan must provide documentation of the capitation payment arrangement they have with the Medicare Part C Plan. This documentation must include specific details about the cost sharing amounts the provider is allowed to collect from Medicare beneficiaries enrolled in the plan.

The department may upon its own discretion opt to pay Medicare part C premiums for Medicaid clients.